

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. RSW920010166US1
Applicant(s): Jeffrey Scott Bardsley et al			
Serial No. 09/966,227	Filing Date 09/27/2001	Examiner Matthew T. Henning	Group Art Unit 2131
Invention: LIMITING THE OUTPUT OF ALERTS GENERATED BY AN INTRUSION DETECTION SENSOR DURING A DENIAL OF SERVICE ATTACK			
RECEIVED CENTRAL FAX CENTER NOV 29 2004			
I hereby certify that this <u>Change of Corr. Address, Auth. to Act in a Representative Capacity, Cert. of Fac.</u> <small>(Identify type of correspondence)</small> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>11/29/2004</u> <small>(Date)</small>			
<u>Colleen Bulman</u> <small>(Typed or Printed Name of Person Signing Certificate)</small> <u>Colleen Bulman</u> <small>(Signature)</small>			
Note: Each paper must have its own certificate of mailing.			

PTO/SB/122 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Application Number	09/966,227
Filing Date	09/27/2001
First Named Inventor	Jeffrey Scott Bardsley
Art Unit	2131
Examiner Name	Matthew T. Henning
Attorney Docket Number	RSW920010166US1

Please change the Correspondence Address for the above-identified patent application to:

☐ Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Jack Friedman		
Address	Schmeiser, Olsen, and Watts		
Address	3 Lear Jet Lane, Suite 201		
City	Latham	State	NY
Country	US	Zip	12110
Telephone	518-220-1850	Fax	518-220-1857

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 43,001
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name John R. Pivnichny

Signature

Date

Telephone

607-429-4358

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.


☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Jeffrey Scott Bardsley et al							
Application No. 09/966,227							
Filed: 09/27/2001							
Title: LIMITING THE OUTPUT OF ALERTS GENERATED BY AN INTRUSION DETECTION SENSOR DURING A DENIAL OF SERVICE ATTACK							
Attorney Docket No. RSW920010166US1		Art Unit: 2131					
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Jack Friedman Schmeiser, Olsen, and Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110</td> <td>44,688</td> </tr> </tbody> </table>				Name	Registration Number	Jack Friedman Schmeiser, Olsen, and Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110	44,688
Name	Registration Number						
Jack Friedman Schmeiser, Olsen, and Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110	44,688						
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>							
SIGNATURE of Practitioner of Record							
Name	John R. Pivnichny						
Signature		Date	11/29/04				
Registration Number	43,001	Telephone	607-429-4358				

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.